Re: Docket # 2005N-0038

Thank you for having a hearing on Adverse Event reporting to IRB's, one of the banes of our existence. As the chairperson of a community hospital IRB receiving many SAE reports which request written acknowledgment of our review, I have come to feel after awhile that the sponsors' objective is not to maximize subject safety but instead to conform with bureaucratic regulation and, more important, to shift legal liability away from themselves and onto us, should something go seriously wrong. Here are my suggestions for making an overwhelming workload less bloated and more efficient.

1. Submit SAE reports only for those cases in which the subjects were receiving the test substance. For us to have to spend 10-15 minutes debating causality for subjects who were receiving placebo half of the time is a bad joke, time-consuming and aggravating. If the sponsor does not want the local investigator to be aware of the results of breaking the code, a not unreasonable position, they should be communicated directly to the IRB. We are considering rejecting consideration of all SAE reports in which we are not assured that the incident involved a patient who was actually receiving the study drug.

2. IRB's are supposed to consider whether the Consent Document or the Protocol need to be modified or ended in light of determining whether the test drug caused the problem and what the degree of hazard is. Individual SAE reports do not provide adequate information for such serious corrective measures. We need to know the total number of such cases in the study (numerator), the total number of patients on study thus far (denominator), the expected incidence of the occurrence in the general population and, more important, the expected incidence of the occurrence in the study population (e.g., deep vein thrombosis in patients with cancer of the pancreas, or lung cancer or whatever is being studied.) Our IRB lacks a biostatistician or epidemiologist; the DSMB should be making these determinations of possible causality in writing and passing them on to us for our consideration. In fairness, I must state that, when we have been able to obtain the commentary of the study monitors, they have been appropriate, objective, and helpful. But they are not consistently available. They should be a standard of care.

3. We are required to examine SAE reports that are both serious and unanticipated. Many companies are submitting reports of events that are serious but anticipated and requesting written acknowledgment of review. I am not clear whether this is overkill on their part.

Tangential to this discussion but nonetheless of interest to us is our recent receipt of Conflict of Interest criteria for DSMB members of one small biotech company. They were permitted to own up to $50,000 of equity in the sponsor whose protocol and SAE reports they were "objectively" reviewing. Are there no federal regulations or standards pertaining to this?

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